

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Health Care Financing Administration  
Center for Medicaid and State Operations  
7500 Security Boulevard  
Baltimore, MD 212441850**

Mr. Kevin W. Concannon  
Commissioner  
Department of Human Services  
11 State House Station  
Augusta, Maine 04333-0011

Dear Commissioner Concannon:

We have received your March 23, 2000 acceptance letter of award and terms and conditions for the "Maine HIV/AIDS Demonstration," project number 11-W-00128/1. In that letter, you requested that the start date of the demonstration be changed from September 1, 2000, to October 1, 2000. We grant your request to change the demonstration operation dates, and reaffirm that the authority for program operation, provided the pre-operational terms and conditions are met, extends for a five-year period from October 1, 2000, or from the date of enrollment of the first participant if enrollment does not occur during early October 2000.

We will continue to work with you and your staff on this innovative project.

Sincerely,

/s/

Nancy-Ann Min DeParle  
Administrator